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SERIAL NUMBER 09/925,911	FILING DATE 08/09/2001 RULE	CLASS 514	GROUP ART UNIT 1647	ATTORNEY DOCKET NO. 17810-705 (CTI-N5 DIV11CO
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APPLICANTS

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Joseph P. Hammang, Barrington, RI;
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**** CONTINUING DATA *******

THIS APPLICATION IS A CON OF 08/484,203 06/07/1995
WHICH IS A CIP OF 08/270,412 07/05/1994 ABN
WHICH IS A CON OF 07/726,812 07/08/1991 ABN
AND A CIP OF 08/385,404 02/07/1995 ABN
WHICH IS A CON OF 07/961,813 10/16/1992 ABN
WHICH IS A CIP OF 07/726,812 07/08/1991 ABN
AND A CIP OF 08/359,945 12/20/1994 ABN
WHICH IS A CON OF 08/221,655 04/01/1994 ABN
WHICH IS A CON OF 07/967,622 10/28/1992 ABN
WHICH IS A CIP OF 07/726,812 07/08/1991 ABN
AND A CIP OF 08/376,062 01/20/1995 ABN
WHICH IS A CON OF 08/010,829 01/29/1993 ABN
WHICH IS A CIP OF 07/726,812 07/08/1991 ABN
AND A CIP OF 08/149,508 11/09/1993 ABN
WHICH IS A CIP OF 07/726,812 07/08/1991 ABN
AND A CIP OF 08/311,099 09/23/1994 ABN
WHICH IS A CIP OF 07/726,812 07/08/1991 ABN
AND A CIP OF 08/338,730 11/14/1994 ABN
WHICH IS A CIP OF 07/726,812 07/08/1991 ABN

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ******** 09/05/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 3	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

MINTZ LEVIN
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Boston, MA 02111

TITLE

In vitro and in vivo proliferation and use of multipotent neural stem cells and their progeny

FILING FEE RECEIVED 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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